IN THE UNITED STATES PATENT AN D TRADEMARK OFFICE

Applicant:	David H. Sitrick	)
		)
For:	SYSTEM AND METHODOLOGY FOR COMMUNICATION AND DISPLAY	)
		)
		)
		)
Serial Number:	09/492,218	)
		)
Filed:	January 26, 2000	)
		)
Examiner:	M. Fletcher	)
		)
Art Unit:	2837	)
		)
Attorney Docket:	STD 1757	)

<u>Certificate of Transmission under 37 CFR 1.8</u>

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office Office to FAX number (703.872.9306), on November 15, 2004.

[signature]

David H. Sitrick

(2 pages transmitted)

PETITION FOR EXTENSION OF TIME

Director of the Patent and Trademark Office
Washington D.C. 20231

Applicant(s) hereby petition(s) under 37 CFR §1.136(a) for an extension of time for response in the above-identified application for the period required to make the attached response timely.

Extension fee for response within first month:
(X)	By a small entity (§1.9(f))	$	55.00
( )	By other than a small entity	$	110.00

Extension fee for response within second month:
( )	By a small entity (§1.9(f))	$	195.00
( )	By other than a small entity	$	390.00

Extension fee for response within third month:
( )	By a small entity (§1.9(f))	$	445.00
( )	By other than a small entity	$	890.00

Extension fee for response within fourth month:
( )	By a small entity (§1.9(f))	$	695.00
( )	By other than a small entity	$	1,390.00

(X)   Charge $ 55.00 to Deposit Account No. 50-1166.

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(X)   The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 CFR §§1.16-1.17, or credit any overpayment, to Deposit Account No. 50-1166. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1166.

Respectfully submitted,

David H. Sitrick
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Registration No. 29,349

November 15, 2004

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11/15/2004, Macintosh HD:Users:david:Desktop:1757PetitionExtenTime1115.doc

PAGE 5/37 * RCVD AT 11/15/2004 7:48:53 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/0 * DNIS:8729306 * CSID:847 677 4656 * DURATION (mm-ss):11-50

PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number
09492218

CLAIMS AS FILED – PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA		SMALL ENTITY RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FE
BASIC FEE (37 CFR 1.16(a))					$	OR		$
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =			X $____ =		OR	X $____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =			X $____ =		OR	X $____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ $____ =		OR	+ $____ =	
				TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II

AMENDMENT A — 11/15/04

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TION-AL FE
Total (37 CFR 1.16(c))	112	Minus	115	= —	X $____ =		OR	X $____ =	
Independent (37 CFR 1.16(b))	9	Minus	9	= —	X $____ =		OR	X $____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $____ =		OR	+ $____ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	ADD-TION FE
Total (37 CFR 1.16(c))		Minus		=	X $____ =		OR	X $____ =	
Independent (37 CFR 1.16(b))		Minus		=	X $____ =		OR	X $____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $____ =		OR	+ $____ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	ADD-TION FE
Total (37 CFR 1.16(c))		Minus		=	X $____ =		OR	X $____ =	
Independent (37 CFR 1.16(b))		Minus		=	X $____ =		OR	X $____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $____ =		OR	+ $____ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.